

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 58/543 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5						
6		2				
7		2				
8	1		1			
9						
10						
11		3				
12		3				
13		3				
14						
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19						
20	1		1			
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29	1		1			
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37						
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39						
40	1		1			
41						
42						
43						
44						
45						
46	1		1			
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
56			1			
57			1			
58			3			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						